



STATE TAX COMMISSION OF MISSOURI
P.O. BOX 146, JEFFERSON CITY, MO 65102-0146
573-751-2414
email: stc@stc.mo.gov

Tax Year:

Schedule 1

Company Organization - General Information

Company Name	Account Number
<input type="text"/>	<input type="text"/>

A. Check the reports being submitted with this rendition, or list date to be submitted.

<input type="checkbox"/> 1. Federal Communications Commission Annual Report	<input type="checkbox"/> 5. Annual Report to Stockholders - Parent Company
<input type="checkbox"/> 2. Federal Energy Regulatory Commission Annual Report	<input type="checkbox"/> 6. Securities and Exchange Commission: Form 10K
<input type="checkbox"/> 3. Surface Transportation Board Annual Report	<input type="checkbox"/> 7. Annual Report to Stockholders - Subsidiary Company
<input type="checkbox"/> 4. Missouri Public Service Commission Annual Report	<input type="checkbox"/> 8. Securities and Exchange Commission - Form 10K (Subsidiary)

List Report Number and Date to Be Submitted:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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B. Give brief description of development of operation and any reasons for growth or decline

(Attach additional sheets if needed)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

C. Report details of any change in ownership including mergers/acquisitions that occurred during the reporting year (including dates, considerations, terms and all pertinent data)

(Attach additional sheets if needed)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

D. State the True Value in Money of the Taxpayer's Property

True Value in Money: System wide	True Value in Money: Missouri
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Being duly sworn, upon her/his oath says she/he is the
of the company and that the foregoing is the full, true and correct summary to the best of her / his belief.

Signature:

E. Notary Information

Notary Public Embosser Seal	State of	<input type="text"/>		County (or City of St. Louis)
	Subscribed and sworn to me, this <input type="text"/> day of <input type="text"/> year <input type="text"/>			
	Notary Public Signature		<input type="text"/>	
My Commission Expires:		<input type="text"/>		